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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2008 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>	Docket Number (Optional) 21058/0206454-USO
Application Number 10/749,529-Conf. #8848	Filed December 30, 2003
For BIOSENSOR UTILIZING A RESONATOR HAVING A FUNCTIONALIZED SURFACE	
Art Unit 1743	Examiner B. J. Sines
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.	
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):	
<u>Fee</u>	<u>Small Entity Fee</u>
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120 \$60 \$ PAID
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$460 \$230 \$ 340.00
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1050 \$525 \$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1640 \$820 \$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2230 \$1115 \$ _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	
<input type="checkbox"/> A check in the amount of the fee is enclosed.	
<input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.	
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.	
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>04-0100</u> . I have enclosed a duplicate copy of this sheet.	
WARNING: information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.	
I am the <input type="checkbox"/> applicant/inventor.	
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).	
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>42,465</u>	
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____	
<u>/ Raj S. Dave /</u> Signature	<u>April 11, 2008</u> Date
<u>Raj S. Dave</u> Typed or printed name	<u>(212) 527-7700</u> Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	
<input type="checkbox"/> Total of <u>1</u> forms are submitted.	